

1. County of Gila
District of Young, Ariz
Town of _____
or _____
City of _____
No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Heath Grantham If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth June 28 1928
Month Day Year

5. No., in order of birth. _____

8. FATHER Full name Thos. J. Grantham
9. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 40 (Years)
12. Birthplace (city or place) Tex
(State or country) _____
13. Occupation Cowman
Nature of industry _____

14. MOTHER Full maiden name Pearl Agnes Steed
15. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Ark
(State or country) _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. M. A. Hines (Physician or midwife)
Address Young Ariz
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed July 15 1928 Ola Young
Local Registrar.
County Registrar.

611-628-724